

anxious to affirm their own ethical standards. They personally would refuse to countenance attempts to 'change compliance behaviour' unless three preconditions are met, namely that the diagnosis is correct, that the proposed therapy or course of action will do more good than harm and, finally, that the patient is an informed, willing partner in the process of behaviour change.

The development of effective drug treatments for a number of chronic conditions (especially hypertension) and the recent realisation of the impact which certain life styles can have upon health have forced physicians to take note of what is actually an age-old phenomenon. People have always treated themselves, all primary care begins and continues at home and it is well-nigh impossible for even the most conscientious and ethical of clinicians to ensure complete obedience to his will. Patients persist in making their own decisions, they pick and choose, fall in with regimes or drop out of experiments, for reasons which testify to their preoccupation with other human goals and the different ways they sort symptoms and misfortunes.

The book is intended as a practical guide to doctors and medical research workers who sincerely wish to get better results or, at least, to realise when and to what extent their best laid plans are being frustrated. In spite of the editors' disclaimers there are inherent paradoxes in this whole business, as Jonsen's chapter on ethical issues clearly demonstrates. The doctor as moralist or concerned carer is confronted with his patient's ultimate freedom to persist in sin and ill health. In fact, there are limits to the ethical responsibility which the physician can and should adopt, even if he thinks he knows best what someone needs. Furthermore, researches into non-compliance are bound to rely on deception since, if they know they are being watched, people will change their behaviour. Doctors themselves are far from perfect, their knowledge is often limited and they are given to authoritarianism and the sin of pride. Feinstein, a famous bio-statistician, wryly observes in his chapter that, to acquire the data needed for ruling out the existence of compliance bias, investigators will have to 'restore attention to a traditional activity of clinical medicine - talking to the patient'.

One patient, who speaks for himself is Norman Cousins. Although claiming to anatomise his illness he leaves its medical nature extremely vague, it simply appears that he developed a painful, disabling condition to which most doctors attached the direst prognosis. However, he resolutely refused to accept either their drugs or their pronouncements of doom. Believing literally that laughter was the best medicine, he abjured aspirin and embarked instead upon a regime of comic/cuts, in the form of Candid Camera replays, liberally supplemented with huge doses of Vitamin C. His own personal physician surprisingly complied with his unorthodox medication and, eventually, the symptoms disappeared. Cousins naturally attributed this fortunate outcome to his own confident control of affairs. The book preaches the importance of states of mind in hastening the body's natural powers of recuperation. Epidemiologists and students of compliance are bound to view this one-off experiment with profound scepticism and disapproval. But the book is a triumphant paean to self-help and the author, who ranges over many related topics, is in fact severely critical of the excesses of the holistic health movement, beset as it is by schisms and contradictions. As a detailed account of how one patient took the law into his own hands and cheerfully disobeyed doctors' orders Cousins, personal story is at the opposite extreme from the large scale statistical surveys of illness which are the basis for most studies of awkward patients' behaviour.

UNA MACLEAN

Medical Experimentation: its legal and ethical aspects

Edited by Amnon Carmi. Turtledove Publishing Limited, Ramat Gan, Israel, 1979, 148 pp, \$12.50.

The book consists of an Introduction by Judge Amnon Carmi, six chapters on the medical and psychiatric aspects of medical experimentation, four chapters on the legal aspects of experimentation and one chapter apiece on ethical aspects and religious aspects.

In the first chapter 'The challenge of experimentation' Amnon Carmi advocates compulsory experimentation; 'it is, therefore, desirable that minors and mental patients take part in the general compulsory exper-

imentation of the community at large, as we will be suggesting below'. 'It is important to mention that there will be no need to cancel the prevailing arrangements concerning the individual volunteering for an experiment on his body, even after the public is legally required to take part in general medical research'.

Judge Carmi's almost total disregard of the principles laid down in most of the accepted ethical codes is further underlined by his statement 'there is no real difference between the prevailing authority of society to deprive the prisoner of his freedom and the authority to force him to participate in an experiment'.

The meaning of passages in this chapter is often obscure; *eg*, on page 7 'Due to their acculturation, members of society are unaware of the fact that their freedom does not carry its significance'.

Under the section headed 'Carrying the decision into effect' a list of 20 topics is given. The last five under the heading are as follows:

- a) Financing the research.
- b) Organising of the research
- c) Compensation for damage caused by research
- d) Enforcement of research
- e) Stages of carrying the whole plan into effect.

Apart from the natural distaste engendered by the words 'Enforcement of research', the underlying principle contravenes directly, rules 1 and 9 of the Nuremberg code. The aim of the code was to be sure that certain basic principles must be observed in order to satisfy moral, ethical and legal concepts. Seven German experimentalists were condemned to death for ignoring the principles of this code.

David M Maeir deals superficially with the perennial problem of 'Informed Consent'. He states that the literature regarding informed consent is enormous. (Ninety-nine per cent of it discussing what ought to happen and only a small fraction describing what does in practice happen) but gives only seven references, four more than ten years old and the latest six years old. His categorical statements would not meet with general agreement. He highlights the problem of experimentation relating to the fetus by pointing out that when killing is the issue, the fetus seems to belong to the mother; when experimentation is the issue, the rights of the fetus are inviolate.

The two chapters on psychiatry consist of short sketches which range from a brief reference to the experiments in Nazi Germany, to a plea that psychiatry is different from other disciplines and that part of the declaration of Helsinki cannot be applied to psychiatric experimentation.

The chapter 'Can computer simulation replace human experimentation' seems out of place and as the author remarks in his last paragraph, he has avoided any detailed consideration of ethical questions. The reference section is again out of date and a large and rather irrelevant 'bibliography' takes up six pages of references, most of which are between 10 and 30 years old.

It is unfortunate that the chapter 'Prisoners and medical experiments' consists largely of a muddled description of a study dealing with prisoners' motivations for participating in experiments. Many of the tables are to me incomprehensible and the last sentence sums up the chapter 'A second, more comprehensive examination of our impressions would be desirable'.

Martin Norton has written a succinct and well-referenced description of the undesirable uses of succinylcholine which range from the administration of the drug to conscious patients in psychiatric institutions, to its use for interrogation of prisoners.

Richard Weiss's contribution 'Consent to medical experimentation in the eyes of the law' is well and clearly written and although his remarks are taken for the most part in the context of Israeli Law, certain of his comments with regard to research in children, might well be relevant in other countries. Weiss's list of guidelines to the medical researcher on page 97 can be read with profit by all physicians engaged in medical research.

In 'Legal problems of clinical experiments' Gerfried Fischer's states that 'the patient need not be informed about every such particular [research measure] if it only slightly impairs his well-being. General information given in the hospital's fine print, and the patient's acceptance by entering a hospital with the knowledge of such research activities, will be sufficient.' This should be enough to make patients entering such a hospital acutely anxious; furthermore his statement

that 'therapeutic experiments on patients who are unconscious or mentally incompetent, may fall under the doctrine of presumed consent in cases of urgency, although this will not be very often the right occasion to test new treatment' is at best naive.

When does an experimental innovative procedure become an accepted procedure? Martin Norton points out that unless a procedure falls within the local definition of accepted practice, a physician should be considered to be experimenting under all the obligations and responsibilities which this entails.

The next two chapters 'The rights of the unborn and human experimentation' and 'Codes of ethics' are short and anecdotal. Unfortunately a good discussion and reference list are absent.

In the last chapter 'The religious and ethical dilemma in the case of the critically ill' Goren uses writings from the Bible and the Talmud to Maimonides to support the concept that the benefit risk ratio may change when patients are critically ill and that previously dangerous procedures, may become acceptable. It is interesting that in his penultimate paragraph, he states that the 'Shvut Ya'acov' advises a procedure rather similar to that currently recommended by the FDA, namely 'that before making final decisions, it is necessary to seek the advice of the best physicians of the city and to include the opinion of the Rabbinic authority'. . . does this mean a Peer Review Committee?

Despite flashes of inspiration, this is not a book to be recommended and does not portray the true picture in Israel.

Over the past three to four years, I have had the opportunity and privilege of working with a large number of physicians in the State of Israel in different hospitals and clinics throughout that country. I can say, therefore, from personal observation that the standards of medical care and the standards of ethics were of the highest order in all the institutions that I visited. The deep human understanding shown by the Israeli doctor, whatever his national background, was most impressive. All patients, Jew or Gentile, Caucasian or Arab, were approached with humility and kindness.

Dictionary of Medical Ethics (Revised and enlarged edition)

Edited by A S Duncan, G R Dunstan and R B Welbourn, Darton Longman and Todd, London, 1981, 459 pp, £12.50 (cased)

The fact that the *Dictionary of Medical Ethics*, first published only four years ago has been revised and enlarged so soon, doubtless reflects its impressive popularity. Already it has become a standard reference work for a wide variety of readers, health professionals and others. The text has been enlarged by a third and there are 32 new contributors with new entries ranging from acupuncture and African medicine through genetic engineering and infanticide (an excellent summary of the issues) to sex therapy tranquilisers and voluntary work. The dictionary also contains two important new introductory articles, one on medical science and the other on the subject of medical ethics itself. In the former Professor Welbourn offers nine pages of lucid and usefully wideranging synopsis of the development and basic tenets of contemporary medical science, indicating extensively headings in the dictionary which relate to the points he makes. Professor Dunstan's introductory article on medical ethics is a mere four pages long, but within the limitations of space provides a succinct and elegant introduction to the nature, complexity and scope of the moral issues confronted in medical practice. The discrepancy in the size of these two introductory articles reflects a more-or-less consistent balance in the dictionary between the practical and scientific on the one hand and the theoretical and philosophical on the other. In so far as one can generalise about multi-author publications (and of course one shouldn't) this one gives the distinct impression of the working health professional writing about an area of his practice while looking over his shoulder at some aspect of ethics. This contrasts with the approach more common in North America in which the professional philosopher or theologian writes about some issue of ethics while looking over his shoulder at some aspect of health. Each method has advantages and disadvantages. The main disadvantages of the 'American approach' - an excessive theorising divorced from the realities